

Science and Technology Enrichment Program (STEP)

(2007-2008) Academic School Year

Parental Consent For Student Participation

I, (Mr., Mrs., Ms.) _____, the legal guardian of _____, give my consent for him/her to participate in all activities associated with the Science and Technology Enrichment Program during the academic year of 2007-2008.

I understand participation in this program may mean up to two field trips to the Savannah River Site, the Silver Bluff Audubon Center, or the Ruth Patrick Science Education Center, where my child will participate in the program.

By signing below I also authorize and consent to the administration of necessary treatment(s) to my child by appropriately trained personnel at the Savannah River Site or other emergency response unit in the event that my child is injured during the STEP field trip. I hereby release and discharge Washington Savannah River Company, the U.S.D.A. Forest Service, Silver Bluff Audubon Center, the University of South Carolina and the Department of Energy and the United States Government, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, the Department of Energy or the United States Government with respect to all activities associated with the Science and Technology Enrichment Program, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child's participation in any and all activities associated with the Science and Technology Enrichment Program.

I also give _____ school permission to provide my child's social security account number to the Savannah River Site. Due to increased security at Savannah River Site, all visitors are required to provide their social security account number prior to their visit. I understand that this requirement is only for classes visiting Savannah River Site and does not apply to visits to any of the other STEP locations.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

RELEASE FORM - MINORS
Science and Technology Enrichment Program (STEP)
2007-2008 Academic School Year

During the course of the Science and Technology Enrichment Program, participants are often photographed, filmed, videotaped or otherwise recorded to illustrate the kind of activities happening at the academic event. You, _____, may be photographed, filmed, videotaped, or otherwise recorded during participation at the Science and Technology Enrichment Program and we desire your permission to use any images or recording taken at this time to promote our training and educational programs and other activities. Any such image or recording may be included in such promotional materials as brochures, booklets, videotapes, reports, press releases, websites, and exhibits. If you agree to the use of any such image or recording, please execute the RELEASE FORM below and return it to:

Bonnie Toole
Washington Savannah River Company
Building 730-1B, Rm. 3129
Aiken, SC 29808

RELEASE FORM - MINORS

To promote, evaluate, or otherwise describe Washington Savannah River Company training and educational programs and activities, I give permission to Washington Savannah River Company, the U.S.D.A. Forest Service, Silver Bluff Audubon Center, the University of South Carolina and the Department of Energy and the United States Government and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, websites, and exhibits) any image or recording in which, _____, a minor, appears, to use and cite any comment(s), verbal or written, made by said minor about any Washington Savannah River Company program, and to use said minor's name in connection with any publication and in such manner as determined by Washington Savannah River Company, the U.S.D.A. Forest Service, Silver Bluff Audubon Center, the University of South Carolina and the Department of Energy and the United States Government.

Signed: _____ Parent [☐] Guardian [☐]

Name: _____
(Print/Type)

Date: _____

Witness: _____
(this form must be witnessed)

Date: _____

RELEASE FORM - ADULTS
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Signed: _____

Name: _____

(Print/Type)

Date: _____

Witness: _____

(this form must be witnessed)

Date: _____

Science and Technology Enrichment Program (STEP)

STUDENT MEDICAL/EMERGENCY CONTACT INFORMATION

School _____ **Teacher** _____

Student Name _____ Birthdate _____

Street/Mailing Address _____

Parent/Legal Guardian _____

Contact Number: (home) _____ (work) _____ (cell) _____

Allergies or Specific Health Problems:

Name of any medication(s) currently being taken (prescription and/or over the counter):

Physician _____ Tel. No. _____

Hospital _____ Tel. No. _____

Release to or Emergency Contact Other Than Parent:

1. _____ Telephone: Home _____ Work _____

2. _____ Telephone: Home _____ Work _____

3. _____ Telephone: Home _____ Work _____